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MARTIN & FERRARO, LLP

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FACSIMILE TRANSMITTAL

TO:

FROM:

Name: Mail Stop AMENDMENT

Name:

Thomas H. Martin, Esq.

Group Art Unit 3731/Examiner Kathleen Sonnett

Firm: U.S. Patent & Trademark Office

Phone No.: 330-877-2277

Fax No.: 571-273-8300

No. of Pages (including this): 17

Subject: U.S. Patent Application No. 10/706,715

Date:

October 14, 2008

John L. Shipp

Filed: November 12, 2003 SURGICAL LIGATION CLIP

Attorney Docket No. 127.0005-00000

Customer No. 22882 Confirmation No.: 7246 Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$104.00 total amount to cover the additional claims fee is to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on October 14, 2008.

Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 127.0005-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John I. Shipp

Serial No: 10/706,715 Filed: November 12, 2003

SURGICAL LIGATION CLIP

Confirmation No.: 7246

3731 Art Unit:

Examiner: Kathleen C. Sonnett

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OCT 1 4 2008

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment After Final in reply to the Final Office Action dated December 12, 2007 in the above-identified application.

- No additional fee is required.
- Applicant hereby requests a one-month extension of time to respond to the above office action. \boxtimes

The fee has been calculated as shown below:

	(Col. 1) Claims remaining After amendment		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/8M \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	34	1-1	32	**	2	LG=\$52 SM=\$26	\$52	\$	104
INDEPENDENT CLAIMS FEE	2	1.	3	***	0	LG=\$220 SM=\$110	\$220	\$	0
FIRST PRESENTATION	OF MULTIPLE DEPENDEN	IT CLAIM	ns .			GE ENTITY FEI		\$	0
							TOTAL	\$	104

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, write "20" in this space. if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- The total amount of \$104.00 to cover the additional claims fee is to be charged to Deposit Account 図 No. 50-1068.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - 冈 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: October 14, 2008

Thomas H. Martin Registration No. 34,383

1557 Lake O'Pines Street, NE Hartville, Ohio 44632 Telephone: (330) 877-0700

Facsimile: (330) 877-2030

FORM PTO-1083

Attorney Docket No.: 127.0005-00000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John I. Shipp

Serial No: 10/706,715

Filed: November 12, 2003 SURGICAL LIGATION CLIP Confirmation No.: 7246

3731 Art Unit:

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Kathleen C. Sonnett CENTRAL FAX CENTER Examiner:

OCT 1 4 2008

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	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUME: PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA*	LG/8M \$ ENTITY F	EE .	DD'L EDUE
TOTAL CLAIMS FEE	34	-	32	**	2	LG=\$52 SM=\$26	\$52	\$ 104
INDEPENDENT CLAIMS FEE	2	-	. 3	***	ó	LG=\$220 SM=\$110	\$220	\$ 0
FIRST PRESENTATION	N OF MULTIPLE DEPENDE	NT CLAI	MS			GE ENTITY FEE		\$ 0
							TOTAL	\$ 104

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
If the "Highest Number Previously Paid For" in This SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" in This SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

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Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted, MARTIN & FERRARO, LLP

Date: October 14, 2008

1557 Lake O'Pines Street, NE Hartville, Ohio 44632

Telephone: (330) 877-0700 Facsimile: (330) 877-2030

Thomas H. Martin Registration No. 34,383

10/14/2008 16:01

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PATENT Attorney Docket No. 127.0005-00000 Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No.: 7246	HECEIVED CENTRAL FAX CENTER
John I. Shipp Serial No.: 10/706,715)	Group Art Unit: 3731	OCT 1 4 2008
Filed: November 12, 2003 For: SURGICAL LIGATION CLIP)	Examiner: Kathleen C. Sonnett	

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir.

AMENDMENT

In reply to the Office Action of July 15, 2008, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

10/15/2008 HMARZII 00000024 501068 10706715 01 FC:1202 104.00 DA

Amendment 10-14-08.doc